Region including India. WHO has also pointed out that the recent occurrence of Avian influenza in various Asian countries demands greater attention by the national authorities to immediately strengthen the recognition and response mechanisms, infrastructure and expertise. The WHO has also warned that these emerging diseases will continue to challenge public health systems for many years to come. A well developed strategy and programme shall have to be implemented through a coordinated and pragmatic plan and a vigilant public health system for effective containment of these diseases.

(c) The Government has an elaborate network in place to contain diseases like SARS, Avian Influenza, Dengue, Japanese Encephalitis, Leprospirosis and drug resistant malaria. Institutions like National Institute of Communicable Disease (NICD) are constantly engaged in research and investigation to check outbreak and to control the diseases.

The National Vector Borne Diseases Control Programme (NVBDCP) is functional in all States to meet the challenge of Malaria, Dengue Fever and Japanese Encephalitis.

To prevent spread of Avian Influenza to India, periodic reviews have been regularly conducted since 2003. There is an Avian Influenza Monitoring Cell in NICD, which has been designated the nodal agency for implementing contingency plan which includes forming Rapid Response Teams and stockpiling of Chemo prophylaxis drugs.

For creating and sustaining strong and vigilant public health system, the Integrated Disease Surveillance Project (IDSP) has been launched in November, 2004. IDSP is designed not only for surveillance and response for the diseases labeled by WHO as killer Diseases but also to meet the challenges of unknown diseases in future. A substantial part of the country has already been covered by IDSP which will extend to the whole country by 2006.

Revising of Central Government Health Scheme

400. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Planning Commission is preparing a revised Central Government Health Scheme for the serving and retired employees of the Central Government;

(b) if so, the details thereof and the reasons therefor;

(c) the steps proposed to be provided in the revised scheme to make it patient friendly especially for senior citizens who require constant quality medical attention and care at the declining stage of their life; and

(d) whether the revised scheme would be applicable to the sitting and former Members of Parliament also and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) No, Sir. The Planning Commission in its report on Mid-Term appraisal of Tenth Five Year Plan has given recommendations to restructure, reform and rejuvenate CGHS. It has, *inter-alia* suggested that the Central Government employees may be gradually shifted to a system of Health Insurance through which they may access CGHS or any Health care provider. A high powered Committee has been constituted under the Chairmanship of Shri P.K. Kaul, former Cabinet Secretary to review the functioning the CGHS and for giving recommendations for making it more user friendly.

Reviving MBBS Curriculum

401. SHRI MANOJ BHATTACHARYA:
SHRI RAJKUMAR DHOOT:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to include some traditional Indian practices like Naturopathy and Ayurveda in the MBBS programme;

(b) if so, the details thereof and if not, reasons therefor;

(c) whether the practitioners of modern medicine have reacted favourably to the proposed measure;

(d) if so, the details thereof; and

(e) if not, their viewpoint and Government's response thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The Government of India have asked the Medical Council of India to consider the inclusion